Promising Practices

Increasing Continuation

June 2006

The Problem

In 2004, an estimated 23.4 million Americans aged 12 or older were classified with dependence on or abuse of either alcohol or illicit drugs. In the same year, just 2.33 million received *some* level of treatment.[i] For those who do access services, retention in treatment is poor: approximately 51 percent of those who enter treatment complete the treatment process.[ii] These statistics highlight one of the most prominent challenges faced by the addiction treatment field today. Many people needing treatment for alcohol and/or other drug addictions simply cannot access care when they need it.

To overcome the barriers associated with gaps in treatment access and retention, members of the Network for the Improvement of Addiction Treatment (NIATx) have used rapid Plan-Do-Study-Act (PDSA) Cycles[iii] to test promising practices for increasing the amount of time that people stay engaged in treatment. As of March 2006, agencies who worked toward this aim increased continuation from the first to the fourth treatment session by 22.3 percent, on average. By increasing an agency's number of billable hours, these improvements in continuation also support the business case for process improvement. Seven of the most frequently used and promising practices for increasing continuation with motivational engagement strategies, tried and tested by the members of NIATx, are described and illustrated below.

The Prerequisites

An important initial step for any treatment agency wishing to increase continuation involves first focusing on improving timeliness to assessment and, subsequently, to treatment. In order to improve access, agencies need to be able to respond to requests for treatment in a timely manner. This encourages early engagement of the patient at the right time. In the absence of this initial engagement, patients will be more likely to drop out early, thus threatening continuity, completion, and ultimate success.[iv]

As such, NIATx recommends an initial focus on timeliness (see Five Promising Practices: Improving Timeliness).

The Promising Practices

Several factors, including patient base, organizational structure, and staffing, will help determine which of these approaches may be most effective for a given clinic or treatment center.

All practices outlined have shown promise within NIATx. The list is current as of June 2006 and may change based on continued practice evaluation, empirical research, and evolution within the field. *NIATx sites that created more welcoming, positive, and supportive treatment environments and that adopted motivational engagement strategies found that retention in treatment increased. Agencies are now approaching treatment more individually, addressing personal recovery issues and working to overcome barriers related to a patient's particular circumstances and needs. Agencies have implemented systems to help patients develop relationships with peers and be part of a new community*

that supports them in recovery. As a result, a sense of inclusion, affinity, belonging, and bonding within a peer group develops. The treatment community helps combat the isolation and deprivation that accompanies drug use. Promising practices that contribute to continuation in treatment are described below.

1. **Scheduling**

Connect the patient to a counselor and other support staff within 24 hours of admission. Building a therapeutic alliance immediately helps engage and retain patients in treatment. Counselors can help instill a sense of hope. Individual sessions with the counselor, casework manager, medical staff, and other support staff who will help meet the patient's treatment needs should be scheduled as soon as possible to allay fears and to expedite legal and social service agency processes. If possible, introduce the patient to these key staff members, particularly his/her counselor, at the assessment appointment. At some sites, this may mean getting the patient into a group session immediately.

Make it as easy as possible for patients to remember appointments and continue in treatment. NIATx members have found that the following scheduling issues may prevent patients from continuing in treatment:

- Treatment schedule is inconvenient
- Patients forget appointment times
- Limited ability to choose treatment schedule
- Sessions are scheduled too far apart for patients to maintain momentum

Consider adjusting staff schedules so that sessions are available at times most convenient for patients. This may require changing the days that staff work, staff hours, staggering staff start and ending times, rotating lunch breaks, and so on. Additionally, to help patients keep track of their appointments, agencies can make reminder calls and also provide patients with appointment cards that list the next four treatment sessions.

For example, within NIATx:

- Perinatal Treatment Services in Seattle, WA, started scheduling individual sessions with a counselor and casework manager within 24 hours of admission to residential rehab. Continuation beyond four weeks increased from a baseline of 67.5 percent in August 2003 to 85.7 percent in October 2003.
- SSTAR in Fall River, MA, initiated counselor/patient contact upon admission to medical detoxification by placing a counselor in the admissions department to seek out the patient as they waited for admission. This increased retention in treatment beyond the first two days by 48.7 percent.
- CODA in Portland, OR, increased the availability of outpatient groups so that new patients could attend their first group within 24 hours of intake. Continuation through the first four sessions in 30 days post-admission increased from 31 percent in June 2005 to 81 percent in November 2005.
- Prairie Ridge in Mason City, IA, offered new outpatients to join the next group, as opposed to having closed groups with all patients beginning at the same time. They also repeated groups so that patients could attend at the most convenient time and make up missed groups. Weekly attendance improved from 50 percent to 80 percent.

- Racine Psychological Services in Racine, WI, asked outpatients if they wanted to be reminded of appointments by phone. If so, they asked what phone number to call and whether it was OK to leave a message. A very customer-friendly person made the reminder calls. The show rate for sessions increased from 47 percent in August 2005 to 72 percent in January 2006.
- WASTAR in Reno, NV, changed staff schedules from four 10-hour days to five 8-hour days and scheduled more frequent individual sessions, averting crises and making it easier for intensive outpatients to talk to their counselor when a crisis did develop. Continuation through the fourth session increased from 82.4 percent and was maintained at close to 100 percent.
- Bridge House of New Orleans, LA, changed staff hours from 12–8 p.m. to 2–10 p.m. so that residential patients who worked during the day could meet with their counselors during the evening, thereby increasing the amount of time they spent together. Continuation increased from 59.5 percent to 68.2 percent during the first month and continued to rise thereafter.
- Fayette Companies in Peoria, IL, eliminated Friday admits to their residential program because 47 percent of their patients who left against medical advice during the first seven days were admitted on Friday.

2. **Provide a Welcoming Orientation (Live or Video) and Establish Clear Two-way Expectations; Assign a Peer Buddy.**

A welcoming orientation communicates what is expected of a patient and what they can expect from treatment. (See also Promising Practice Five about developing client-driven treatment plans.) For example, patients need to know what the schedule is, the attendance and participation requirements, and how they will progress through levels of care. It is also important for patients to get familiar with the agency environment. Many NIATx sites have matched patients with a peer buddy or mentor, so that someone who knows what a new person is going through can help orient them and introduce them to the others with whom they will share their treatment journey. Assigning a peer sister or brother also helps new patients bond with someone immediately and reminds more senior patients about the progress they have made. The connection and support helps engage patients and continue in treatment with encouragement.

For example, within NIATx:

- Brandywine Counseling in Wilmington, DE, introduced an orientation video. Outpatients view the video at assessment and methadone patients view it prior to intake, instead of at a separate group orientation. This change freed up three hours per week for intake staff to fulfill other responsibilities and increased continuation to orientation from 80 percent to 100 percent.
- Jackie Nitschke in Green Bay, WI, told patients they were expected to attend all of the first five outpatient aftercare sessions. Completion of the aftercare program increased from 38 to 76 percent.
- St. Christopher's Inn in Garrison, NY, provides a homeless shelter where men live before deciding to enter residential treatment. They know what they're getting into before they commit to treatment. A buddy is assigned to all those entering residential treatment. The buddy helps negotiate the environment as well as ensures that the new person knows where to go for group and when to avoid breaking rules regarding lateness and absences from group. Continuation rates through the first four weeks have been sustained fairly consistently above 80 percent.

- The Women's Recovery Association in Burlingame, CA, developed an orientation for new patients, which included a handout written by an individual who had experienced the program. New patients also were connected with a peer mentor who oriented them to the program. Intensive outpatient continuation rates increased from 33 percent, August through October 2004, to 80 percent, November 2005 to January 2006.
- Vanguard in Arlington, VA, introduced a Welcome Committee that included three people who accompanied the new residential patient for the first three days to provide encouragement, have meals together, explain reasons for rules, and bond. Unplanned discharges during the first 14 days decreased from 11 to 6 percent as a result.
- Wood County Unified Services in Wisconsin Rapids, WI, welcomed new intensive outpatients to group and asked group members to introduce themselves and explain why they were in the program. Patients were matched with a more senior patient who assisted the new patient by showing them restrooms and break areas. They also asked new patients if they were willing to commit to returning to treatment the next day. If not, they discussed what kind of support or what else the patient needed to return. Continuation though the first five sessions increased from 70 percent, May through August 2005, to 90 percent, November 2005 through February 2006.
- Fayette Companies in Peoria, IL, created a checklist for both patients and staff to use, to communicate the varied expectations at different stages of residential treatment. They also had peer sponsors assist new admissions and participate in weekly staffing meetings. The agency also eliminated un-welcoming rules and practices; they combined the luggage search with staff assisting patients while they put their things away and allowed patients to call family on the first night of treatment. The number of patients who left against medical advice dropped by 65.4 percent, from 81 in 2003 to 28 in 2005.

3. **Identify Patients at Risk of Leaving and Barriers to Continuing in Treatment on an Ongoing Basis; Resolve Barriers to Continuing in Treatment.**

A feedback system for both counselors and patients provides useful information that helps identify patients at risk of leaving treatment early and regularly monitors patients' progress in treatment. The feedback can help identify barriers to continuing in treatment, as well as triggers that staff can address before a patient actually leaves. In order to be effective, these feedback systems must be accompanied by discussion of the patient's feelings about treatment, the relationship with his or her counselor, and resolution of barriers such as childcare, other family concerns, and the urge to use.

For example, within NIATx:

- Sinnissippi in Dixon, IL, started using the ORS/SRS (Outcome Rating Scale/Session Rating Scale) with intensive outpatients and addressed problems that were identified. Continuation rates through the first four sessions jumped from 0 percent to 100 percent. After using the SRS for six months, the counselors found that they could get the same results without the paperwork, by having informal one-to-one discussions about whether weekly goals were being met. They have continued to sustain the high continuation rates.
- Bridge House in New Orleans, LA, implemented weekly check-ins with residential patients. Counselors asked patients to rate the following on a scale of 1–10:
  How willing are you to continue your treatment here?
  How important is it for you to stay in treatment?

How motivated are you to stay?
How strong has your urge to use been this past week?
The counselors used motivational interviewing guidelines to motivate patients to stay in treatment. The counselor planned one specific intervention to motivate the patient to continue and assessed whether it worked, using a PDSA Cycle. Continuation rates increased from 48 percent to 63 percent.

- Daybreak Youth Services in Spokane, WA, asked adolescents to rate their relations with staff and staff engagement with them, in a Client Feedback Survey, providing each staff member with the feedback. They also used a Shift Debriefing Form for staff to assess "How did I/we engage with clients today?" Along with other changes, continuation in the adolescent residential program beyond 30 days increased from 55 percent to 72 percent.
- Gosnold in Falmouth, MA, installed a system that empowered staff to identify detox patients at risk of drop-out and discretely alert all staff of risk. This was associated with a 10 percent improvement in completion rate.
- Axis I of Barnwell, SC, created a case manager position to identify barriers to ongoing treatment and contact outpatients who missed appointments. The case manager also provided transportation and arranged for childcare, if needed. Attendance increased by 28 percent.
- The Center for Drug Free Living in Orlando, FL, counselors called outpatients who failed to attend the first appointment and encouraged them to return to treatment within 24 hours of the missed appointment. Seventy percent of patients who failed to attend the first appointment returned and completed four treatment sessions.
- Brandywine Counseling in Wilmington, DE, sent letters to Probation Officers and Family Service workers so that they could help re-engage their patients in treatment. The re-engagement rate for probation outpatients increased from 41 percent to 53 percent when the P.O. also received a letter. Re-engagement rates for Division of Family Services patients increased from 14 percent to 43 percent in the first month. In addition, case managers started making follow up phone calls to outpatients who did not show to their First Step group and continuation rates increased from 45 percent to 89 percent in three months.
- Fayette Companies in Peoria, Il, implemented motivational interviewing techniques with those identified as at-risk for leaving residential treatment early. They did not discharge patients who returned to use while in treatment. Instead they used relapse as a learning opportunity and encouraged patients to be honest about their use rather than hide it. They gave patients the message that return to use is common and not cause for shame or feelings of failure/rejection. In other words, they did not kick patients out of treatment for exhibiting the behavior for which they were seeking help.

4. **Maintain Counselor Resiliency with Staff Collaboration and Personal Care/ Development.**

By focusing on ways to maintain counselor resiliency and exchange ideas, counselors can support each other and prevent burnout. When they feel rejuvenated and enjoy working, they are in a better position to bond and form therapeutic alliances with patients. Supporting counselor resiliency may also reduce turnover, which contributes to a more stable environment for patients. By having counselors focus on their own personal development, in addition to taking care of themselves, they model self-care and recovery for their patients.

For example, within NIATx:

- WASTAR in Reno, NV, started having two staffings/month focused on staying connected and passionate about their work to avoid burnout in outpatient and intensive outpatient programs. They also held weekly clinical trainings focusing on areas in which counselors felt they were weak or expressed interest in learning about. Continuation from the 1st to 4th session increased from 83.3 percent to 100 percent.
- Bridge House began having weekly continuation staffings for counselors to collaborate and discuss engagement strategies when working with residential patients. They used this meeting to discuss "at-risk" patients, described above. Continuation rates increased from 48 percent to 63 percent.
- The Center for Drug Free Living in Orlando, FL, had counselors make audio or video tapes of engagement sessions with outpatients for review and discussion about the use of Motivational Interviewing techniques in staffings. Continuation to the fourth session increased by 27 percent.
- Vanguard in Arlington, VA, started using the "Unplanned Discharges Form" for staff to collaborate on ideas about how to prevent this from happening again for all patients. Continuation rates in their adult and adolescent residential programs have been consistently above 90 percent.
- Gosnold counselors embarked on personal PDMA cycles, which they shared with each other. This increased the level of empathy that they had while also modeling recovery for their patients. Residential continuation rates have been consistently above 80 percent.
- Daybreak Youth Services in Spokane, WA, increased DBT/MET training and coaching of staff with personalized change goals and measures for each staff person. Along with other changes, continuation in the adolescent residential program beyond 30 days increased from 55 percent to 72 percent.
- Prairie Ridge in Mason City, IA, Clinical Supervisors play an active role to ensure that counselors and patients are a good match. They assign the more experienced counselors to the less motivated patients.

5. **Tailor Treatment to Patient's Individual Circumstances and Needs; Use Individual *Client-Driven* Treatment Plans.**

By having patients drive their treatment based on their individual circumstances and needs, the patient is empowered to take responsibility for choices and recovery. Patients direct the focus of treatment and participate in skill-building groups and self-care programs based on personal needs, goals and choices. They move to the next level of care as soon as they are ready, rather than after a pre-determined amount of time.

For example, within NIATx:

- Gosnold in Falmouth, MA, introduced a Solution Focused Therapy Group for residential patients to develop their own small scale, rapid cycle changes using PDMA (Plan-Do-Measure-Act) cycles. Patients made personal changes and tracked their own progress. Continuation rates through 4 weeks increased from 72 percent to an average of 88 percent.
- PROTOTYPES in Culver City, CA, used Motivational Interviewing techniques during the first contact with prospective outpatients to help them identify their individual treatment needs and subsequently connect them to people who would help them reach their personal goals. Continuation through the 1st week of treatment increased from of 80.6 percent to 89.6 percent.

- WASTAR in Reno, NV, developed criteria to assess whether patients were at the right level of care and if not, moved patients along in the treatment process, increasing continuation to the fourth session from 77.8 percent to 83.3 percent. They also reduced the administrative paperwork required to transfer patients from intensive outpatient to outpatient, so that patients could move to the next level of care as soon as they were ready, without delay. Patients continuing beyond four months of treatment increased from 80 percent to 90 percent. Following group sessions, patients wrote down what they gained; those who reported that they had not gained anything from the session were moved to a different group.
- Prairie Ridge in Mason City, IA, has outpatient patients select groups to attend based on the subjects they're most interested in.
- Fayette in Peoria, IL, has residential patients develop their own *Personal Recovery Plan.*

6. **Along With a Variety of Educational and Treatment Activities, Have Fun**.

In order for patients to stay in treatment and continue the hard work towards recovery, they need to have fun. This reinforces the message that sobriety is more enjoyable than using drugs. Patients need to experience treatment as a personal journey rather than as being "processed" as one more patient going through the program. Use of adult learning principles and multiple learning styles, e.g., auditory, visual, kinesthetic, with lessons presented in creative ways, helps patients enjoy and absorb the treatment experience. These activities also help patients build a new community while preparing themselves to be more self-sufficient and lead a healthy lifestyle after they leave treatment.

For example, within NIATx:

- Gosnold incorporates music and art into treatment activities. For example, patients are asked to think of a song that represents their past. Residential patients collaborate to support each other as they pursue their personal (PDMA) change cycles. Gosnold also offers meditation, yoga, and daily exercise programs. Continuation rates have been consistently above 80 percent.
- Fayette Companies turns role playing into an entertaining activity and utilizes drawing for prizes for completing stages of treatment as an activity that reinforces connecting with others in positive ways, for example, drawing a prize like "Take a peer to lunch or to a movie."
- St. Christopher's Inn in Garrison, NY, residential program offers yoga, acupuncture and smoking cessation programs. There was a 94 percent completion rate for chemical dependency treatment patients who completed the smoking cessation program. Continuation rates through the first four weeks have been consistently above 80 percent for all patients.
- Sinnissippi in Dixon, IL, offers recreational activities for adolescents, including experiential adventure therapy that stresses challenge and includes social activities, like bowling.

7. **Offer Positive Reinforcements for Continuing in Treatment.**

Once admitted to treatment, many patients simply do not have the commitment or motivation to continue with treatment. Some agencies have implemented contingency management programs, otherwise known as incentives, to motivate patients. Strategies such as the use of gift cards to reward individuals completing four treatment sessions, recognition for completing treatment, and pizza parties for groups with 100 percent attendance have been effective at increasing the length of time people stay in treatment. Rewarding patients encourages them to stay in treatment long enough to experience sobriety.

For example, within NIATx:

- Mid-Columbia Center for Living in The Dalles, OR, gave $10 gift certificates to patients after they had attended four outpatient sessions, and gave groups a pizza party at the fifth-week session if they had 100 percent attendance for four weeks. Group attendance increased from 62–77 percent at baseline to 80–93 percent after the change.
- Boston Public Health Commission in Mattapan, MA, gave $15 gift cards to patients for completing four outpatient sessions. Continuation through fourth session doubled (from below 20 percent to 40 percent.)
- Daybreak of Spokane, WA, rewarded adolescents who were in groups with 90 percent or higher attendance with pizza parties at the end of the month. Attendance improved by 7 percent.
- Fayette Companies in Peoria, IL, gave a "congratulations on achieving another day of your start on recovery" one-dollar voucher for each of the first seven days in residential treatment. At the end of the first week, the vouchers could be exchanged for a seven-dollar gift certificate to a local discount store. When patients moved through the phases of treatment, they drew from a fishbowl for escalating levels of prizes such as gift certificates to a book store or taking a peer from the program to lunch.
- TERROS in Phoenix, AZ, used the fishbowl method to draw prizes based on outpatient attendance. Continuation from the first to the fourth session increased from 47 percent to 77 percent in one program and 31 percent to 60 percent in another.
- Axis 1 in Barnwell, SC, used monthly drawings for patients with excellent outpatient attendance to receive small rewards. Continuation through the fourth session increased 82 percent (from 33 percent to 60 percent).
- The Center for Drug Free Living in Orlando, FL, offered a "get out of group free" or a ten-dollar store gift card for patients who completed the first four outpatient treatment sessions. Continuation rates increased from 43 percent in August to 61 percent in September and 65 percent in October.

For more information on the application of these and other promising practices, visit the NIATx Web site at www.NIATx.net

[i] Substance Abuse and Mental Health Services Administration. (2005). Overview of findings from the 2004 National Survey on Drug Use and Health (Office of Applied Studies, NSDUH Series H–27, DHHS Publication No. SMA 05–4061). Rockville, MD).

[ii] Office of Applied Statistics. Substance Abuse and Mental Health Services Administration. (2003). DASIS report: treatment completion in the treatment episode data set (TEDS).

[iii] Shewhart, Walter A, and W. Edwards Deming. (1939). Statistical method from the viewpoint of quality control. Washington: The Graduate School, The Department of Agriculture.